

**2017 ATTACHMENT C**  
**ZION NATIONAL PARK**  
**COMMERCIAL USE AUTHORIZATION**  
**TRIP ITINERARY, 2017**

Business Name: \_\_\_\_\_

Dates of all tours (or a detailed tour schedule, use additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

Dates of arrival/start of operations in Zion National Park: \_\_\_\_\_

Dates of departure/end of operations in Zion National Park: \_\_\_\_\_

Camping in Zion National Park? \_\_\_\_Yes \_\_\_\_No

Average number of tour participants (including employees): \_\_\_\_\_

Charge per person: \_\_\_\_\_

Names of Trip Leaders: \_\_\_\_\_

\_\_\_\_\_

Trip leaders' First Aid and CPR qualifications (If a new employee or if copy of certification was not available when application for Commercial Use Authorization was made, attach copy of first-aid certification.): \_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact:

Name: \_\_\_\_\_

Telephone: Office - (\_\_\_\_) \_\_\_\_\_ Home - (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: Office - (\_\_\_\_) \_\_\_\_\_ Home - (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Signature

*Attachment C, Trip Itinerary (updated 10.22.2016)*

\_\_\_\_\_ Date